OSAH FORM 1

This form is available online at http://www.ganet.org/osah/form.html or by telephone request at (404)657-2800.

COUNTY

JUDGE

DOCKET NUMBER

OSAH USE ONLY

AGENCY CODE

CASE TYPE

DOCKET NUMBER:	REV							
NAME OF REFER	RING AGENCY	: DE	PARTMENT	OF REVEN	NUE			
COUNTY OF TAX	PAYER'S RESII	DENCE OR P	LACE OF BUSIN	IESS:				
SELECT CASE TYPE: ALTOT Alcohol and Tobace ITA Income Tax Assessme WTA Withholding Tax Asses					_	Fuel Tax Assessment Sales and Use Tax Assessmen		
CONTACT PERSO	ON IN REFERRI	NG AGENCY	' :					
NAME:	-			TEL NO:	FAX	NO:	-	
CURRENT ADDRESS II	NCLUDING ZIP CODE	ON HEARING REC	QUEST	POSITION	EMA	IL:		
					PAG	ER:		
ATTORNEY FOR	REFERRING AC	SENCY.						
ATTORNEY NAME:	TALL LIKEWING THE	<u> </u>		TEL NO:	FAX	NO:		
CURRENT ADDRESS	NCLUDING ZIP CODE			GEORGIA BAR #:	EMA	IL:		
					PAG	ER:		
TAXPAYER								
NAME:				TEL NO:	FAX	NO:		
CURRENT ADDRESS II	NCLUDING ZIP CODE	ON HEARING REC	QUEST		EMA	IL:		
					PAG	ER:		
TAXPAYER'S AT	TORNEY							
ATTORNEY NAME:				TEL NO:	FAX	NO:		
CURRENT ADDRESS II	NCLUDING ZIP CODE			GEORGIA BAR #:	EMA	IL:		
					PAG	ER:		
PARTY REQUESTII FOR PUPOSES OF						THIS MATTER.		
DOCUMENT INITIA	TING THE HEARI	NG: As "Attach	nment 1" to this forn	n, attach the docum	ent initiating the hea	aring.		
ISSUES TO BE RES				ll issues and factua	I matters to be resol	ved at the heari	ng	
SPECIAL REQUIRE time deadlines or pro					le (state of federal) e	establishing any	specific	
SERVICE OF DOCL No service of doc Service of all docc Service of a copy All documents will attention unless wi	uments prior to cer uments prior to cert of the notice of hea be mailed to the	tification of the f tification of the f tring ☐ Service referring agen	file to the agency aff file to the agency aff e of a copy of a cont acy at the address	ter a decision er a decision inuance	e of copy of any inte	erim orders.		